

## CHILD INTERVIEW FORM

Child's initials: \_\_\_\_\_ Grade: \_\_\_\_\_ Mentor's name: \_\_\_\_\_ Date: \_\_\_\_\_

Question	Response
Where have you been meeting with your mentor?	
What are your favourite things to do together?	
What are your least favourite things to do together?	
Do you feel safe with your mentor?	
How has your mentor helped you?	
Do you wish to continue meeting with your mentor?	
Interviewers Name	
Comments/concerns Follow up actions	